



College of Pharmacists of Manitoba

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2018 APPLICATION FOR PHARMACY LICENCE FOR AN EXISTING HOSPITAL PHARMACY

I (We), _____ (Name of Pharmacy Licence Holder; for example: 123456 Manitoba Ltd.) hereby make application for a Pharmacy Licence to conduct a pharmacy under the provisions of *The Pharmaceutical Act* in the Province of Manitoba **until the 31st day of December, 2018.**

Pharmacy Business Name: _____

Pharmacy Address*: _____
(Street and/or Mailing Address) (City) (Province) (Postal Code)

*[] Additional buildings, facilities and/or premises are being used as part of this pharmacy licence and details of the location(s) and description of activities at each location is attached to this application.

Corporation's (9 digit) Business Number: _____

Telephone #1: _____ Telephone #2: _____

Fax Number(s): _____

Primary E-mail Address: _____

*Additional E-Mail Addresses: _____, _____

Primary Website: _____

*Additional Websites: _____

Business Hours of Operation: _____

This pharmacy meets the minimum \$5,000,000 commercial general liability insurance requirement under a policy through the following insurance company (and evidence will be provided to the College such as a letter from the insurance broker or the insurer, a copy of the policy declaration page or a copy of the policy itself): _____

Does this pharmacy conduct business or practice pharmacy with the following components:

- | | | |
|---|------------------------------|-----------------------------|
| Central Fill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Distance care (international prescription service (IPS)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Distance care (non-international prescription service) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| External dispensing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lock and Leave | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal care home (long term care) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Satellite pharmacy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Secondary hospital | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sterile compounding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any above noted services, the application must provide additional details with this application.

For Office Use Only:

Licence #: _____

Approved By: _____

Date Approved: _____

* Please be advised for those pharmacies that apply for a Distance Care (International Prescription Service (IPS)) component of the Pharmacy licence, the 2018 Pharmacy licence will be issued with the condition the pharmacies include the Council approved disclaimer that will advise their clients, and potential clients, the licensing authority in Manitoba has some limitations regarding the enforcement of the public protection provisions of the provincial legislation for clients outside of Canada. The IPS component of the Pharmacy licence is defined as, "A pharmacy that fills prescriptions for patients who have not physically attended the pharmacy to receive their medication due to their residence and citizenship being outside Canada." (An IPS component may not be needed for a pharmacy located near the American border where the patient physically enters into Canada to receive their medical care in Manitoba.)

Pharmacy Manager: (please print) _____

Licensed Pharmacists (please print and include licence number)

Pharmacy Students & Interns

Pharmacy Technicians (qualified and listed by the College)

The above pharmacy will be conducted in accordance with the provisions of *The Pharmaceutical Act*, other legislation and rules related to the practice of pharmacy and the provisions of and regulations made under the *Food and Drugs Act* and *Controlled Drugs and Substances Act of Canada*.

I grant permission for the College of Pharmacists of Manitoba to access drug wholesale records for this pharmacy.

Signature of Pharmacy Manager _____

Signature of CEO or Pharmacy Owner _____

Print Name of CEO or Pharmacy Owner _____

Date of Application _____

Payment must accompany application

***All fees are non-refundable**

GST No. R107660664

Cheque: (Payable to the College of Pharmacists of Manitoba (CPhM))

Interac: (Payment made at the CPhM Office)

Visa or MasterCard Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ **Expiry Date:** _ _ / _ _

Licence Fee: If licensing between January 1 & June 30:

Pharmacy Licence Fee \$1259.44 + \$62.97 GST = \$1322.41

Pharmacy Licence Fee \$1259.44 + IPS Fee \$7226.69 + GST \$424.30 = \$8910.43

Licence Fee: If licensing between July 1 & December 31:

Pharmacy Licence Fee \$755.67 + \$37.78 GST = \$793.45

Pharmacy Licence Fee \$755.67 + IPS \$4336.01 + GST \$254.58 = \$5346.26

For pharmacy changing ownership:

Fee: \$265.47 + \$13.27 GST = \$278.74

Name and Address of Officers and Directors *

***Please attach documents and lists as necessary**